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ABSTRACT

This document provides descriptions of simple intervention techniques that day care center staff can use to help working parents and support young children's mental health. Discussion begins with the proposition that when children let adults know through their behavior that they are troubled, the children deserve a joint effort of parents and teachers to help them understand and cope with their actions. Joint effort, however, is not always possible. Parent involvement on every level of child care programming is not easy, neat, or tidy. Working parents may have difficulty in maintaining a balance between work, home, and social life, and being good parents. Parents find help in a center where they are welcome. They also find opportunities for establishing extended family networks. A flexible staff can respect the wishes of the idiosyncratic family while maintaining the values to which the center is committed. Just as parents' values must be respected, so must those of the child care provider. If the values of most parents and staff are incompatible, the situation will work out poorly for everyone involved. Parent-teacher conferences, held at least every 4 months, offer good opportunities to learn what can be done by staff to improve the quality of life for the child in family and center settings. (RH)

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Promoting Mental Health: A Parent/Child Care Provider Partnership

June Solnit Sale

Promoting mental health in this troubled world could be considered an overwhelming objective. It might be useful to define what mental health means before we explore ways in which teachers of young children may work together with parents to achieve this important goal.

For me, mental health is ever changing. It is a state of being and very much depends on the place in which we live, what our values are, what we expect from life, and what our physical state is. In this country, where we say diversity is one of our strengths, we must recognize that each culture, each religion, and each socio-economic group may define mental health in a different way. Yet I believe there are some basic tenets on which we can all agree and it is those that I would like to address.

To be a mentally healthy adult, I believe most of the following indicators should be present:

- the ability to act, to work and to make decisions;
- the ability to play and to be playful;
- the ability to express a range of feelings from joy to sadness, from acceptance to anger;
- the ability to be flexible and to understand that change occurs as we develop and grow;
- the ability to know one's limits and strengths and to have a sense of oneself;
- the ability to love and be loved;
- the ability to trust and be trusted;
- the ability to remember and to use the memory for productive purposes.

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Mental health for children may be defined in a similar manner, taking into account, of course, the developmental and maturational abilities of the child. For example mentally healthy infants and toddlers are learning to use their bodies in action and in play; learning to express feelings, and to delay gratification; learning that things change and that it's all right; testing limits and their strength; loving and being loved; trusting that adults will protect them and keep life and environments safe; and beginning to remember that separation is not abandonment.

Teachers and parents are working toward healthy and productive lives for themselves and their children. It is my premise that this can best be accomplished through a joint, cooperative effort in which teachers and parents do not put aside their own problems and simply focus on children. Problems of parents and teachers are part of life and living and should be acknowledged in order to help children understand a variety of feelings and emotions. Anyone who has worked with young children knows that the problems and tensions of the significant adults in their lives is reflected in the play and actions of the youngsters. After all, children are constantly learning and attempting to understand the world around them through feelings, through experience and through the modeling of others. For example, if their parent or teacher is ill, young children can immediately sense that something is wrong and they try in a variety of ways to understand how they fit into that situation. They express their concerns through anger and acting-out behavior (Where is Mom/teacher when I need her?); through fear (Is this going to happen to me?); through guilt (Did I do something to cause this illness?); through

distrust and distancing (Can I trust Mom/teacher; she's not available when she is sick, so can I really rely upon her?).

With this rather simple, but commonplace example, it is possible to illustrate how parents and teachers can work together to cope with stress. When parents and teachers can communicate, then another important adult in the child's life can reassure Helena that Mom/teacher will feel better; that being sick makes people grumpy, but it has nothing to do with the child; that Helena will be cared for and that illness is part of health. For very young children unable to completely understand the words, extra hugs and reassuring songs and demonstrated empathy with the parents/teachers can go a long way toward reducing the stress for everyone.

When a child lets us know through his behavior that he is troubled, whether he is over-aggressive or withdrawn, he deserves a joint effort of parents and teachers to help him understand and cope with his actions. Teachers have frequently blamed parents and parents have often blamed teachers when a child has a problem. It is unnecessary to find the culprit and place blame, as we have been prone to do for many years. Let us accept, as a given, that we all want the best for our children and try to work toward a joint effort in the best interest of the child and ourselves.

I must add that this is not always possible. There must be a congruence of values and respect between the parent and teacher in order to jointly work toward a positive outcome. A recent example of my own experience where an accommodation on behalf of the child was not possible comes to mind:

> Ms. A., a single parent, had read an article in a popular journal about homosexuality. When she thought about the characteristics of her own three year-old son, she was sure they

matched those described in the article. This was enough for her to make a diagnosis. She requested, no, demanded that Charlie no longer be permitted to play with girls or participate in any type of "feminine" play, which included playing with dolls and dressing up in the housekeeping area.

Several conferences were held with Ms. A. The teachers and director explained the importance of play in working through concerns Charlie had and pointed out that it would be counter-productive to prohibit certain activities for the child. Since all of the other children in the program were free to choose these activities, a specific prohibition for Charlie might make participation seem "bad," forbidden and exciting. We had known Charlie since infancy and we knew him to be bright, sensitive and affectionate (are these only feminine traits?).

We explained that participation in a good child development program has, as far as we know, had no effect on later sex preferences; that children need well-rounded experiences in a variety of activities and Charlie was getting just that. It is a matter of clearly stated philosophy at UCLA Child Care Services that we operate a non-sexist curriculum. Ms. A. told us she was tired of our "baloney" and wanted Charlie to stop "all of this girl stuff, or else." The "or else" turned out to be the threat of legal action. After talking to our legal counsel, it was apparent that this was not the right place for Charlie or Ms. A. Our child-rearing values were not shared nor was there the mutual respect necessary for a good child care arrangement.

We miss Charlie and even Ms. A. The staff was deeply involved and invested with this family and separation was difficult.

After such an experience, why should our program continue to pursue cooperative efforts of parents and teachers working together on behalf of children? Because when the process works well, it is wonderful and well worth the time and energy required.

The truth is that parent involvement on every level of child care programming is not easy, neat or tidy. As a child care director who tries to know and understand 80 different families and to provide significant opportunities to give each parent an investment in their child's out-of-home development, I know it can be a real challenge.

When I applied for the position as director of UCLA Child Care Services, parents and staff members were part of the hiring panel.

And shortly after I started, programs were developed to involve parents in every aspect of the center, including curriculum development, staff hiring, advisory committees and fundraising.

Today, parents and staff serve on an advisory committee that establishes policy and procedures for the center on such issues as admissions, curriculum and budgeting. We work together to develop a stimulating program for children through parent participation in the classroom and by hiring teachers who have something unique to contribute.

Who benefits from this involvement? I like to think that the single and joint contribution of the parents add up to much more than the sum of the parts. The children benefit by knowing that parents are part of their day away from home. Each child comes to feel that child care is a good, safe place where families are welcome and responsible for the program. From a child's point of view, the center represents a comfortable place to be because the people within it act as a support network for their family.

For working parents, it can be very difficult to maintain a balance between good job performance, keeping up a home and friendships, and also being a caring and responsible parent. It sometimes feels overwhelming. It might seem easier to find a child care setting where no demands are made. Yet most parents want to be a part of their child's life away from home. Having specific tasks to perform which contribute to their child's well-being is do-able and rewarding.

In a center where parents are welcome, there are opportunities to meet other parents and to share experiences, ideas, joys and miseries.

There are opportunities for networking. For many, the center represents the extended family which they have lost or from which they have moved.

In the long run, teachers benefit from parent involvement. Families that trust and support staff members will work not only to improve the lives of their children, but will be advocates for staff as well. While it may be difficult to work in an open setting where parents drop in at any time, rewards are great when together teachers and parents watch Sonia take her first step, Jason say his first word, Sara stay dry all day, Phaedra learn to use words instead of fists, and LeMar read his first word. All of this is with the knowledge that all the significant adults have contributed; that it was a joint effort on behalf of the child.

Child care is a home away from home for most children. The younger the child, the more important the need for continuity between the home and the child care arrangement. The ways in which a baby is held and fed, a toddler toilet-educated and a preschooler encouraged to slow down and nap must be compatible with the family's values. This does not mean that the caregiver performs these essential tasks in the same manner as parents; it does mean that parents are comfortable with the ways in which the child care adults relate to and respect the children.

As a staff, we may not understand a parent's lifestyle, but if we are flexible enough, we can still respect and honor the wishes of the family while continuing to maintain the values we hold dear. For example, Mrs. B., a mother of an infant, came to pick up her child and found him sleeping on his stomach. She was horrified and told us that her child was <u>always</u> to sleep on his back or he might choke. The fact

is that we should have been aware that in this family's culture, children sleep on their backs. We did follow Mrs. B.'s wishes and her baby is routinely put on his back to sleep.

One of the things that this example points out is that child care providers must be very clear on which issues they are flexible and where limits are drawn. What if a parent spanks and wants the teacher to spank? What if a parent wants Johnny not to take a nap so that he'll go to sleep early in the evening, despite the fact that the child can hardly keep his eyes open through lunch? What if a parent wants her six month-old toilet-trained? What if a parent insists that his three year-old be taught phonics?

Just as parents' values must be respected, so must those of the child care provider. However, if the values of the majority of the parents and the teaching staff are not compatible and some agreement on how the children should be cared for cannot be reached, this is not a good arrangement for anyone - the children, the parents or the staff.

Another example of conflicting values occurred at our center:

> Several of our graduates entering the local school system did not do well in the accelerated reading programs of their kindergartens. The word spread that "our" children were having difficulty in school. Several parents raised the issue of introducing a more academic curriculum for their children with the objective of preparing for the more structured elementary school setting.
>
> When concern was raised in a Parent/Staff Advisory Committee meeting, the discussion led to the appointment of a sub-committee on academic preparedness. The group met every two weeks at lunchtime over the spring and summer, exchanging articles and copies of research. Observations of our program and other child care programs were made.
>
> The three months of meeting were a period of growth and understanding for everyone involved. As a result of this sub-committee, a Statement of Philosophy for UCLA Child Care Services was developed which outlined the developmental tasks and

expectations for each age group from infancy through five years old, including the goals for children, parents and staff.

The introduction of this Statement of Philosophy says, "The philosophy of UCLA Child Care Services is based on the belief that parents and staff can plan and implement a comprehensive program for children that reflects and meets the needs of the multi-cultural and multi-racial backgrounds of the children of our community. We believe that this may best be done by providing children a variety of age-appropriate play activities and experiences in a comfortable and non-competitive environment.

"Our program is one of family development, which combines sound child development principles with the broader knowledge we obtain from human development studies. While we focus on the daily activities of the children, we are also keenly aware of the needs and expectations of the parents and strive to complement the family structure whenever possible. Children come to child care with unique patterns of living, learning and loving; and the staff assesses, values and protects these differences while maintaining a cooperative group consciousness and spirit."

The Statement of Philosophy was circulated in draft form to the total parent and staff population and was positively received. The results of our meetings and written statement have created a broader base of understanding between parents and staff, and a change in our curriculum, with more attention being paid to kindergarten preparedness and the role parents may play in helping children at home.

It is also interesting to note that parents and staff began to appreciate the mental health consequences of pushing young children into academic activities before they are developmentally able to acquire the skills necessary for success.

Within each age group the parents and staff in our center have established specific tasks and goals for the children. This is accomplished through parent conferences, held at the time of admission and then at least every four months, and often more frequently, depending on the needs of the parents and/or staff. The teachers evaluate the children using the Yale Teacher's Inventory to make sure that our goals are realistic and that we are making progress toward reaching them. Parents then meet with the teachers and the child's progress is discussed. At that point, parents and teachers make

suggestions for what can be done to improve the quality of life for the child within the family and center settings. For example:

> Jana, age 4, was having difficulty with group story times. She interrupted the teacher and wanted to talk about anything but the subject of the group time. She wanted control and demanded attention. This had become a problem because it was disruptive for the teacher and annoying for the other children. We asked for a conference and learned that Jana was also having trouble at home. Her younger brother, Eli, had just learned to walk and was walking straight into Jana's life in a way that must have felt disruptive. He was getting all of the attention at home because he was demanding it by his newly acquired mobility. Mr. and Mrs. D. were so proud of Eli and delighted with his progress and were very annoyed that their daughter was not as thrilled as they were with the adorable, handsome Eli. "Why can't Jana understand that Eli isn't being deliberately mean when he knocks down her block building or when he tries to comb her favorite doll's hair? After all, he is only a baby. To try to teach her, we have made her go to sleep early, put her in her room and we're at our wit's end."
>
> This information was used by the teacher to plan a program at school for Jana. Just like Eli, she was a wonderful, creative child but she was receiving the kind of attention that communicated exactly to opposite message. Jana's teacher talked with her to reassure her that she could be a cooperative group member and helped her with the skills necessary to work toward that goal. A plan was made to make time for Jana to dictate a story each day to be sent home. Jana needed this time alone with the teacher for a few weeks to reinforce how special she was. She eventually was able to settle down for the group times and felt accomplished and proud.
>
> The parents asked for advice on how to help Jana at home. They were frightened of their own anger. It was suggested that they, too, should spend some special time with their daughter, separate and away from Eli, and that her belongings be protected. We encouraged her parents to visit the center to tell Jana's group about their work. This gave Jana an added boost. In addition we suggested other more age-appropriate ways to work with her when conflict occurred and before the situation escalated to a breaking point for the parents.

What would have happened if there hao not been an exchange of ideas between parents and teacher? Jana could have regressed at home and become more immature in an effort to obtain the kind of attention her brother Eli was getting. Mr. and Mrs. D. could have reached their limit in controlling their anger. Jana could have become more

disruptive in school and established a pattern of behavior that would have become difficult to manage. It is through conferences like these that we are able to develop daily activities that meet the needs of individual and groups of children, as well as help parents cope with their concerns.

One of the main tasks of children in child care is to adjust gradually to life away from parents and to cope with daily separation. This is often an equally difficult problem for parents. The staff plays a key role in helping children and parents learn how to separate from each other in the least painful and most honest manner. In our center, parents are encouraged to send significant objects from home that will remind children of the things they may long for. We suggest that a parent's scarf or piece of clothing that feels and smells familiar to the baby be packed in the diaper bag and then we tie it onto her crib. For older children we suggest that a favorite teddy bear, stuffed animal or blanket be sent to comfort the child. As soon as a family is enrolled in our center, we take a picture of the parent(s) and child together and place it in a location that is accessible for the child to look at when feeling lonely. We do not try to mask the sadness that children and parents feel when parting: it is all right if the child cries and even if the parent feels like crying. Parents don't leave without saying "good-bye" and "I'll be back at four or five o'clock," even to the infants. We believe that by recognizing feelings, even sad ones, there will be an eventual understanding that the child is not being abandoned, that when parents leave, they will return. In this way we can ease anxiety and build trust so that children may go on to play, which is the work at hand.

One such problem concerned Luis, age three and a half, in his first weeks at the center. He was having difficulty coming to the child care center and separating from his mother, Ms. G., a single parent. Ms. G. was finding this a very serious problem since she was expected to report to her workplace on time and to be efficient and responsive. She was feeling so guilty about leaving her sobbing child at the day care center that she was unable to concentrate on her work. Her supervisor was not sympathetic to Ms. G.'s problems.

It was difficult in the morning to be patient with Luis, who was fussing over every piece of clothing as he was being dressed, refusing to eat breakfast, and crying as he was driven to the center.

An informal teacher/parent discussion took place and we asked that Ms. G. send any special cuddly animals or blanket Luis was fond of as a way of providing comfort for him. The teacher arranged to make a home visit to the G.'s house in order to establish continuity and build trust with the child. In addition, we suggested that on the weekend perhaps the mother could arrange a visit with Steven, who was the same age as Luis and lived nearby, since they seemed to like each other. We also discussed with Ms. G. the importance of setting limits for Luis. Letting the child have too many choices in what to wear or what to eat for breakfast was confusing him and frustrating her. Children, after all, do not like to think that they are controlling their parents; they do like to think that parents take care of them and set reasonable limits.

We suggested that Luis be given two choices of clothing to be worn and that the decision be made the night before, not in the rush of the morning. If he refused breakfast, a fight should be avoided and eventually the reason for the refusal would disappear. Ms. G. was asked to report to us if Luis didn't eat breakfast so that we could provide a supplement. We encouraged Ms. G. to call the center during the day to check Luis' progress in order to allay her concerns and we suggested that she join him at lunchtime whenever possible.

The results of this conference were rewarding. Soon Luis seemed much more able to enter into center activities. He developed a close bond with his teacher and knew he could rely upon her for support. He maintained a close friendship with Steven after two weekend visits. After several weeks, Ms. G. and Luis became more comfortable with the child care center. His mother reported she was better able to cope with her job because she had stopped worrying about her child's day. It also provided us with some insight into the importance of making a child's entrance into our center as comfortable as possible, not only for the sake of the child but for the parent as well.

In this situation, Luis learned a good deal. We were helping him to use his language to express his feelings and his memory was being tested by remembering when his mother would come

to pick him up. Most importantly, Luis was proud of being able to say "good-bye" to Mom, believing and knowing that he would be picked up right after story time.

Good child care provides those concerned with mental health an opportunity to support and assist working parents and their children who are becoming increasingly overwhelmed and under great stress. Simple and straightforward intervention techniques as I have described are effective and help lighten the burden of child rearing and increase the chances for prevention of later, more costly treatment. Child care, after all, is a window on and for the family. Let us continue to push it open with balance and care so that we may all breathe with less stress and greater confidence.

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